

Security Pledge for School Teacher Account Request Form

Security Pledge for the Use of Confidential Data From the District of Columbia Public Schools

I,
I understand that disclosing confidential information directly or allowing non-authorized access to such information may subject me to criminal prosecution and/or civil recovery and may violate the code of research ethics and DCPS.
I agree to fulfill my responsibility on this project in accordance with the following guidelines:
 I agree to not permit non-personnel to access these sensitive data, either electronically or in hard copy. I agree to not attempt to identify individuals, families, or households except as required by the research for matching students to the datasets provided by DCPS. I agree to notify DCPS if there is a breach of data confidentiality as outlined in this pledge.
Name:
School:
Email Address:
Date:
Signature:

(Submit a Security Pledge for each user on the attached $School\ Teacher\ Account\ Request\ Form)$